		OLAMO A		nn 1)		umn 2)		SMALL	ENTITY	ر. د این این	OTHE	R THA
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-	MULTIPLE DEPENDENT CLAIM PRESENT									OR		
	If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	+	-↓	TOTAL	(Vi
		CLAIMS AS A	AMENDE	D - PART	Fil 1							12:1
F	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL	
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L L		AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR	SLY	PRESENT EXTRA			ADDI- TONAL		RATE	AJE TICN
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***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT.												V.

FORM PTO-875 (Rev. 8/01)

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